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Bib Data Sheet

SERIAL NUMBER 10/780,084	FILING DATE 02/17/2004 RULE	CLASS 047	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. 8404.028
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/325,103 12/19/2002 PAT 6,691,458
 which is a CON of 10/051,116 01/17/2002 PAT 6,701,667
 which is a CON of 09/895,302 06/29/2001 PAT 6,343,456
 which is a CON of 09/626,375 07/26/2000 ABN
 which is a CON of 09/366,630 08/03/1999 PAT 6,192,657
 which is a CON of 09/025,090 02/17/1998 PAT 5,930,979
 which is a CON of 08/775,516 01/02/1997 PAT 5,740,658
 which is a CON of 08/460,180 06/02/1995 PAT 5,617,703
 which is a CON of 08/237,078 05/03/1994 PAT 5,625,979
 which is a CIP of 08/220,852 03/31/1994 PAT 5,572,851
 This application 10/780,084
 is a CIP of 07/940,930 09/04/1992 PAT 5,361,482

F. Palo 5/22/05

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/07/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 23	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>F. Palo</i> Initials				

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TITLE
 Pot having a plant cover secured thereto

<p>FILING FEE RECEIVED 1558</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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